



FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

08/20/2019
Justin Plant, Regional Mgr
Enhanced Environmental & Emergency Services Inc
PO Box 7
Clinton, MS 39060

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Enhanced Environmental & Emergency Services Inc** located at **9361 Hamman Ave, Pensacola , FL 32514-7025**

FLR000231274

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste; Petroleum Contact Water Management.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter (reg exp on 03/01/2020); HW Transporter (reg exp on 06/30/2020); ; Used Oil Transporter, Used Oil Filter Transporter (reg exp on 06/30/2020).**

Your facility is **currently permitted/active** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000231274.

For further assistance, please contact me at (850) 245-8749 or email at

Glen.Perrigan@dep.state.fl.us .

Sincerely,

A handwritten signature in cursive script that reads "Glen Perrigan" with a small flourish below it.

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 133406 , Email Address: jpplant@e3response.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division—HWRS, MS4560
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8707

RECEIVED
 Florida Department of Environmental Protection
 (for FDEP Official Use Only)
MAR 27 2019
 Permitting & Compliance Assistance Program

EPA ID:	M S R 0 0 0 1 0 6 9 4 8	Please use the instructions document to complete this form
1. Reason for Submittal <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>	Mark 'X' in the correct box: <input checked="" type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) FL Registration(s) <input checked="" type="checkbox"/> UW Mercury (see page 3) <input checked="" type="checkbox"/> HW Transporter (see page 4) <input checked="" type="checkbox"/> Used Oil (see page 4)	
2. Facility or Business Name	Enhanced Environmental & Emergency Services, Inc.	
3. Facility Operator <small>(List additional Operators in the comments section).</small>	Name of Operator: E3 Environmental	
	Date became Operator: ___/___/___	
	Street or P.O. Box: P.O. Box 7	
	Phone Number:	
	City or Town: Clinton	State: MS
	Zip Code: 39060	Country (if not USA):
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	
4. Facility Physical Location Information <small>(No P.O. Boxes)</small> <input type="checkbox"/> Same address as #3 above or:	Physical Street Address: 9361 Hamman Avenue <input type="checkbox"/> Vessel	
	City or Town: Pensacola	
	State: FL	
	Zip Code: 32534	
	County: Escambia	Country (if not USA):
5. Facility North American Industry Classification System (NAICS) Code(s) <small>(at least 5 digits)</small>	A. 5 6 2 9 1 0 (required)	
	B.	
	C.	
	D.	
6. Facility or Business Mailing Address	<input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box:	
	City or Town:	
	State:	
	Zip/Postal Code:	
7. Facility or Business RCRA Contact Person <input type="checkbox"/> Same address as #__ above or:	First Name: Justin	
	Last Name: Plant	
	Title: Regional Manager	
	Phone Number: 251-377-0368	
	Extension:	
	E-Mail: jplant@e3response.com	
Fax: 601-460-1331		
	Street or P.O. Box: P.O. Box 7	
	City or Town: Clinton	
	State: MS	
	Zip Code: 39060	
	Country (if not USA):	
8. Real Property (FL Land) Owner of the Facility's Physical Location <small>(List additional owners in the comments section.)</small> <input type="checkbox"/> Same address as #__ above or:	Name of Owner: Katherine Dyal	
	Date became Owner: ___/___/ 2001	
	<input type="checkbox"/> New Owner mm dd yy	
	Street or P.O. Box: 9507 Sandpiper Street	
	Phone Number: 850-261-9017	
	City or Town: Pensacola	
	State: FL	
	Zip Code: 32514	
	Country (if not USA):	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

<p>(A) (1) Generator of Hazardous Waste</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Do not include Universal Waste or Used Oil)</p> <p>If YES, Choose only one of the following three categories.</p> <p><input type="checkbox"/> a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)</p> <p><input type="checkbox"/> b. Small Quantity Generator (SQG): Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year)</p> <p><input type="checkbox"/> c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste</p> <p>In addition, indicate other generator activities that apply.</p> <p><input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)</p> <p><input type="checkbox"/> e. Episodic: Not more than one-time per year: __SQG__LQG</p> <p><input type="checkbox"/> f. United States Importer of hazardous waste</p> <p><input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator</p>	<p>For Items 2 through 7, mark 'X' in all that apply.</p> <p>(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.</p> <p><input type="checkbox"/> a. Operating Commercial TSD</p> <p><input type="checkbox"/> b. Operating Non-Commercial TSD</p> <p><input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)</p> <p>(3) Recycler of Hazardous Waste (at your facility) Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling.</p> <p>(4) Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.</p> <p>(6) Receives Hazardous Waste from Off-Site</p> <p>(7) Underground Injection Control</p>
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10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)

(1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)

(1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will

(2) Out of Business - Business closed on _____ (date)

<input type="checkbox"/> (C) Property Tax Default	<input type="checkbox"/> (D) Petition for Bankruptcy Protection
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12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input checked="" type="checkbox"/> HW Transporter <input checked="" type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste	First Name: Justin	Last Name: Plant	Title: Regional Manager
	Phone Number: 251-377-0368	Extension:	E-Mail: jplant@e3response.com
	Street or P.O. Box: P.O. Box 7		
	City or Town: Clinton	State:(Country): MS	Zip Code: 39056

Universal Waste Notification and Mercury Transporter/Handler Registration

EPA ID No. MSR000106948

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :

A. Federal Notification

- Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**
- Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuticals
- d. Mercury Containing Devices e. Mercury Containing Lamps
- Destination Facility for UW** Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

B. Florida Universal Pharmaceutical Waste (UPW): one-time registration

- Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
- Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities

- First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

- For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices
- For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices
- Mercury-Containing Devices (thermostats, etc) **SQH** = less than 100 kg accumulated by for-hire handler
- Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler

Annual Registration Required

- Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler
- Mercury-Containing Lamps **LQH** = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

Annual Registration + one-time \$1,000 fee + More Requirements (contact FDEP)

(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)

- First time registering Renewal

Annual Registration Required

Briefly Describe your Universal Waste Activities:

- We use Drum Top Bulb Crusher(s).

13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.]

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. **Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.**

A. HW Transporter Registration Information (must be completed annually and when this information changes)

This facility is a registered transporter of hazardous waste.

This form is: Initial Registration Renewal Notification of changes Cancel Registration

1. For own waste only 2. For commercial purposes 3. Both commercial and own waste

4. **Transportation Mode** Air Rail Highway Water Other - specify _____

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume _____

This form is: Initial Registration Renewal Notification of changes Cancel Registration

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

Our mailing (business) address The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

15. Used Oil and Oil Filter Activities: (Mark 'X' and complete all that apply if you need to register your used oil activities),

Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

This form is: Initial Registration Renewal Notification of changes Cancel Registration

If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

- (1) Used Oil Transporter - mark activities: (occurring in Florida)
 - a. Transporter (off-site) and noncontiguous locations
 - b. Transfer Facility
- (2) Collection Center (From businesses, no more than 55 gal per shipment)
- (3) Used Oil Processor (A permit is required.)
- (4) Off-Specification Used Oil Burner
- (5) Used Oil Fuel Marketer On-Spec Off-Spec

- (6) Used Oil Filter Management (must annually register)
 - a. Transporter
 - b. Transfer Facility
 - c. Processor (Annual Report Required)
 - d. End User
- (7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):
 - Our mailing (business) address The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

RECEIVED
For assistance call: 850-245-8707
Florida Department of Environmental
Protection
MAR 27 2019
Permitting & Compliance
Assistance Program

**STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. Homeland Insurance Company of New York
(Name of Insurer)

(the "Insurer"), of 1000 Woodbury Road, Suite 403, Woodbury, NY 11797
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Enhanced Environmental & Emergency Services, Inc.
(Name of Insured)

(the "Insured"), of P.O. Box 7 Clinton, MS 39060
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
MSR000106948	Enhanced Environmental & Emergency Services, Inc.	

P.O. Box 7 Clinton, MS 39060

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 7930044710002, issued on 4/23/18 (date).

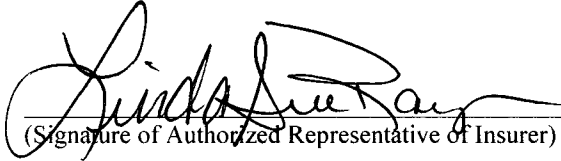
The effective date of said policy is 4/7/18 (date) and the expiration date of said policy is 4/7/19 (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 11,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 7930044720002, issued on 4/23/18 (date). The effective date of said policy is 4/7/18 (date) and the expiration date of said policy is 4/7/19 (date).

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
 - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
 - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.


(Signature of Authorized Representative of Insurer)

Linda Sue Ray

(Typed name)

Commercial Account Manager

(Title)

Authorized Representative of

Homeland Insurance Company of New York

(Name of Insurer)

2014 W Pinhook Road, Suite 610, Lafayette, LA 70508

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/13/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BXS Insurance 2014 W Pinhook Road, Suite 610 Lafayette LA 70508	CONTACT NAME: Linda Ray	
	PHONE (A/C No, Ext): 337-769-4546	FAX (A/C, No):
E-MAIL ADDRESS: linda.ray@bxsi.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Homeland Insurance Co of NY		34452
INSURER B: Atlantic Specialty Insurance Company		27154
INSURER C: StarNet Insurance Company		40045
INSURER D: Travelers Property Casualty Co of America		25674
INSURER E:		
INSURER F:		

INSURED ENHAENV-01
 Enhanced Environmental & Emergency Services, Inc
 DBA E3 Environmental
 PO Box 7
 Clinton MS 39060

COVERAGES **CERTIFICATE NUMBER:** 1734788723 **REVISION NUMBER:**

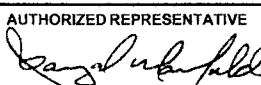
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	7930044710002	4/7/2018	4/7/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HCPD	Y	Y	7930044700002	4/7/2018	4/7/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp Coll Deductibles \$ \$500/\$1,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	7930044720002	4/7/2018	4/7/2019	EACH OCCURRENCE \$ 11,000,000 AGGREGATE \$ 11,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	KEY0137969	1/7/2019	1/7/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A D	Contractors Pollution Professional Liability Contractor's Equipment	Y Y Y	Y Y Y	7930044710002 7930044710002 QT6604241L96ATIL18	4/7/2018 4/7/2018 4/15/2018	4/7/2019 4/7/2019 4/15/2019	Limit of Liability \$1,000,000 Limits of Liability \$1,000,000 Rent/Leased Equip \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability Includes:
 Blanket Additional Insured-Owners, Lessees or Contractors Completed Operations, Blanket Additional Insured-Owners, Lessees or Contractors Scheduled Person or Organization, Non-Owned Watercraft to 51 Feet, Blanket Waiver of Subrogation, and Primary and Non Contributory Endorsement.

Auto Includes:
 Blanket Additional Insured, Blanket Waiver of Subrogation, Pollution Liability Broadened Coverage for Covered Autos (CA9948) & MCS90

See Attached...

CERTIFICATE HOLDER Department of Environmental Protection 2600 Blair Stone Road Mail Station 4560 Tallahassee FL 32399	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ADDITIONAL REMARKS SCHEDULE

AGENCY BXS Insurance		NAMED INSURED Enhanced Environmental & Emergency Services, Inc DBA E3 Environmental PO Box 7 Clinton MS 39060	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Workers Compensation:
 Blanket Alternate Employer, US Longshore & Harbor Workers Compensation Act, Outer Continental Shelf Land Act Endorsement, Blanket Waiver of Subrogation, & 30 Day Notice of Cancellation

Contractors Pollution Liability Includes:
 Transportation Pollution Liability - \$1,000,000 Each Pollution Condition

Excess Umbrella Includes:
 Follows form on General Liability, Auto, Employers Liability, Professional Liability, and Contractors Pollution.

General Liability, Auto and Umbrella Policies Include 30 Day Notice of Cancellation in favor of Department of Environmental Protection